

SERFF Tracking Number: ACEH-125348776 State: Arkansas
Filing Company: ACE Property & Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 07-GL-378
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: 07-GL-378
Project Name/Number: Independent Form Filing - Logger's Program /07-GL-378

Filing at a Glance

Company: ACE Property & Casualty Insurance Company

Product Name: 07-GL-378

SERFF Tr Num: ACEH-125348776 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI

Co Tr Num: 07-GL-378

State Status: Fees verified and received

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Barb Niles, CPCU, ARP, Marlene Thomas, Bob Wolfrom

Disposition Date: 11/07/2007

Date Submitted: 11/07/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

General Information

Project Name: Independent Form Filing - Logger's Program

Status of Filing in Domicile: Not Filed

Project Number: 07-GL-378

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/07/2007

State Status Changed: 11/07/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce two new independent General Liability endorsements to be used in support of a new Logging and Lumbering program.

Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com

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436 Walnut Street (215) 640-5123 [Phone]
Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE Property & Casualty Insurance Company CoCode: 20699 State of Domicile: Pennsylvania
PO Box 1000 Group Code: 626 Company Type:
436 Walnut Street
Philadelphia, PA 19106 Group Name: State ID Number:
(215) 640-5123 ext. [Phone] FEIN Number: 06-0237820

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 2 FORMS X \$25.00 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE Property & Casualty Insurance Company	\$50.00	11/07/2007	16513964

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/07/2007	11/07/2007

SERFF Tracking Number: *ACEH-125348776* *State:* *Arkansas*
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Product Name: *07-GL-378*
Project Name/Number: *Independent Form Filing - Logger's Program /07-GL-378*

Disposition

Disposition Date: 11/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125348776 State: Arkansas

Filing Company: ACE Property & Casualty Insurance Company State Tracking Number: EFT \$50

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FILING MEMO	Approved	Yes
Form	Land Subsidence and Land Condemnation Exclusion	Approved	Yes
Form	Logging and Lumbering Operatins Limitation	Approved	Yes

SERFF Tracking Number: ACEH-125348776 State: Arkansas

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Product Name: 07-GL-378

Project Name/Number: Independent Form Filing - Logger's Program /07-GL-378

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Land Subsidence and Land Condemnation Exclusion	LD-23182	(11/07)	Endorsement/Amendment/Conditions		0.00	LD23182_Land Subsidence and Land Condemnation Exclusion.pdf
Approved	Logging and Lumbering Operations Limitation	LD-23183	(11/07)	Endorsement/Amendment/Conditions		0.00	LD23183_Logging and Lumbering Operations Limitation.pdf

LAND SUBSIDENCE AND LAND CONDEMNATION EXCLUSION

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies all insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following exclusions are added to SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions, and SECTION I – COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, Paragraph 2. Exclusions:

This insurance does not apply to:

1. “Bodily injury”, “property damage”, or “personal and advertising injury” arising out of “subsidence”, however caused.
2. “Bodily injury”, “property damage”, or “personal and advertising injury” arising out of any
 - (1) direct condemnation of property or exercise of power of eminent domain by you or on your behalf;
or
 - (2) inverse condemnation.

B. The following additional defined term is added to **Section V – DEFINITIONS**:

“Subsidence” means any movement of land or earth including but not limited to settling, sinking, slipping, falling away, caving in, shifting, eroding, mud-flow, rising or tilting.

All other terms and conditions of this policy remain unchanged.

Authorized Agent

LOGGING AND LUMBERING OPERATIONS LIMITATION

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies all insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to logging and lumbering operations by or for you, limited coverage for Fire Damage, Vehicle Damage and Accidental Overcutting (Cross Over Coverage) is provided as follows:

1. FIRE DAMAGE COVERAGE

Coverage for property of others that has been damaged as a result of fire is provided with an Each Occurrence Limit of \$100,000. A deductible of \$250 applies to each claim.

The fire damage coverage afforded herein shall be excess insurance over any other valid and collectible property insurance available to you. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, does not apply to this coverage.

2. VEHICLE DAMAGE COVERAGE

Coverage for damages to vehicles of others caused by loading or unloading of the vehicle is provided subject to a \$250 deductible applicable to each claim. The limit of liability is based upon the actual cash value of the vehicle at the time of loss.

3. CROSS OVER COVERAGE

The most we will pay for claims made or “suits” brought against you due to “property damage” resulting from the accidental overcutting of timber done by you or for you is the Each Occurrence Limit and General Aggregate Limit as shown in the **Limits of Insurance** below. A deductible of \$1,000 applies to each claim.

Limits of Insurance

\$	Each Occurrence Limit
\$	General Aggregate Limit

The Each Occurrence Limit is the most we will pay as damages because of “property damage” sustained in a single occurrence. The Each Occurrence Limit is the most we will pay regardless of the number of:

- Insureds;
- Claims made or “suits” brought; or
- Persons or organizations making claims or bringing “suits”.

The Cross Over Coverage General Aggregate Limit is the most we will pay as damages because of "property damage" resulting from the overcut of timber regardless of the number of:

- a. Insureds; or
- b. Persons or organizations making claims or bringing "suits".

The limits of insurance shown in this endorsement and to which coverage for claims made and "suits" brought against the insured apply, are part of and not in addition to the General Aggregate Limit shown in the Declarations of the policy. Payments under these limits of insurance are part of and erode the policy General Aggregate Limit shown in the Declarations of the policy.

Authorized Agent

<i>SERFF Tracking Number:</i>	<i>ACEH-125348776</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ACE Property & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>07-GL-378</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>07-GL-378</i>		
<i>Project Name/Number:</i>	<i>Independent Form Filing - Logger's Program /07-GL-378</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	11/07/2007

Comments:

Attachments:

AL-NAIC Transmittal Document.pdf
Form Filing Schedule.pdf

		Review Status:	
Satisfied -Name:	FILING MEMO	Approved	11/07/2007

Comments:

Attachment:

Filing Memo (1)_.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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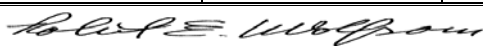
3.	Group Name	Group NAIC #
	ACE INA Companies	626

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	ACE Property & Casualty Insurance Company	PA	20699	06-0237820

5.	Company Tracking Number	07-GL-378
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Robert E. Wolfrom 436 Walnut Street Philadelphia, PA 19106	Sr. Regulatory Specialist	215.640.5123	215.640.4986	robert.wolfrom@ace-ina.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Robert E. Wolfrom

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Other Liability
10.	Sub-Type of Insurance (Sub-TOI)	Other Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12.	Company Program Title (Marketing title)	n/a
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing			
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to introduce two new independent General Liability endorsements to be used in support of a new Logging and Lumbering program.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EPT Amount: \$80.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		07-GL-378		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Land Subsidence and Land Condemnation Exclusion	LD-23182 (11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Logging and Lumbering Operations Limitation	LD-23183 (11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FILING MEMORANDUM

The purpose of this filing is to introduce two new independent General Liability endorsements. Our Program Division has created two new endorsements in support of a new Logging and Lumbering program.

- **LD-23182- Land Subsidence and Land Condemnation Exclusion** restricts coverage provided by the Commercial General Liability Coverage Form.

The endorsement excludes coverage for:

1. "Bodily injury", "property damage" and "personal and advertising injury" arising out of "subsidence".
2. "Bodily injury", "property damage", "personal and advertising injury" arising out of condemnation of property or exercise of power of eminent domain; or inverse condemnation.

- **LD-23183- Logging and Lumbering Operations Limitation** broadens coverage provided by the Commercial General Liability Coverage Form.

This endorsement provides coverage that is excluded by ISO form CG 22 54 for:

1. Property of others damaged by fire. A limit of \$100,000 is provided and a deductible of \$250 applies to each claim.
2. Damage to vehicles of others caused by loading or unloading of the vehicle. A \$250 deductible applies to each claim.
3. Property damage resulting from accidental overcutting of timber. The limits for this coverage on the endorsement are left blank. The limits provided will be the same for each risk in the state, but those limits could change over time. The limit provided for Cross Over Coverage (accidental overcutting) will be: \$50,000.

Both endorsements are mandatory and will be attached to each General Liability policy within the Loggers program. No premium is applied to either endorsement. The endorsements will be filed in ACE Property and Casualty Insurance Company.

We are requesting the earliest effective date allowed.